1: Gastrointest Endosc Clin N Am. 1999 Jul;9(3):447-58.

Expandable metal stents for gastric-outlet, duodenal, and small intestinal obstruction.

Soetikno RM, Carr-Locke DL.

Division of Gastroenterology, VA Palo Alto Health Care System, Stanford University School of Medicine, Palo Alto, California, USA.

The treatment of patients who have malignant gastric-outlet, duodenal and small intestinal obstructions is difficult. The morbidity and mortality of palliative surgery in these patients is significant. It is not uncommon for patients to be treated with supportive therapy only, which unfortunately, neither relieves the severe nausea and vomiting, nor allows adequate food intake. Over the past few years, a number of studies have reported the safety and efficacy of self-expanding metal stents used to palliate malignant upper gastrointestinal obstruction. In this article, the authors focus on the use of self-expanding metal stents to treat malignant gastric-outlet, duodenal, and small intestinal obstructions.

Publication Types:
- Review
- Review, Tutorial

PMID: 10388860 [PubMed - indexed for MEDLINE]

1: Am J Gastroenterol. 1998 Apr;93(4):643-5.

Related Articles, Links

Comment in:

- Am J Gastroenterol. 1998 Nov;93(11):2311-2.

ELSEVIER SCIENCE FULL-TEXT ARTICLE

Metal stents for the palliation of inoperable upper gastrointestinal stenoses.

Bethge N, Breitkreutz C, Vakil N.

Krankenhaus Neukolln Berlin, Germany.

We sought to determine the efficacy of metal stents in the palliation of malignant upper gastrointestinal stenoses. Six patients with inoperable malignant obstruction of the upper gastrointestinal tract, intractable nausea and vomiting, and an inability to maintain an oral intake were studied. A metal stent was inserted under endoscopic control and deployed in the stenosis. Stents were successfully deployed in all patients, and there were no immediate complications. All patients were able to eat after the procedure and parenteral nutrition was discontinued in all. Mean survival was 23 +/- 8.6 days. We conclude that metal stents represent a promising approach to the management of selected patients with malignant upper gastrointestinal stenoses and that their use warrants further study.

PMID: 9576464 [PubMed - indexed for MEDLINE]

Display Abstract Show: 20 Sort Send to Text

☐ 1: Int J Gynecol Cancer. 2002 Mar-Apr;12(2):135-43.

Palliative management of malignant bowel obstruction.

Ripamonti C, Bruera E.

Department of Palliative Care and Rehabilitation, National Cancer Institute, Milan, Italy.

Bowel obstruction may be a mode of presentation of intra-abdominal and pelvic malignancy or a feature of recurrent disease following anticancer therapy. Malignant bowel obstruction is well-recognized in gynecologic patients with advanced cancer. Retrospective and autopsy studies found the frequency at approximately 5-51% of patients with gynecological malignancy(1-7). Malignant bowel obstruction (MBO) is particularly frequent in patients with ovarian cancer where it is the most frequent cause of death(7). Patients with stage III and IV ovarian cancer and those with high-grade lesions are at higher risk for MBO as compared to patients with lower stage or low-grade tumors(1,8). Ovarian carcinoma accounted for 50% of small bowel obstruction and 37% of large bowel obstruction treated in a large gynecological oncology service(8-11).

Publication Types:
- Review
- Review, Tutorial

PMID: 11975672 [PubMed - indexed for MEDLINE]

Display Abstract Show: 20 Sort Send to Text